M DEP	IISSOU MEMERE	KI DI	STATE FILE NIMERS
DO NOT WRITE	AMEN		Registration District NoPrimary Registration District NoRegistrar's NoRegistrar's No
ON THIS STUB			1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before
VS 300	ا ا جا		a. COUNTY admission)
Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b   c. CITY   Inside Limits
<u> </u>	N N N		TOWN St. Louis 3 hours Frontenac Yes 🛣 No 🗆
1			c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm
2400023			institution Jewish Hospital Yest No   750 Laurel Oak Dr. Yes   No St
3			3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) OF
4			OTTO S. McDANIEL December 27, 1962
<u> </u>	111		5. SEX  6. COLOR OR RACE  7. Married Never Married 8. DATE OF BIRTH  9. AGE (last birthday)  1F UNDER 1 YEAR IF UNDER 24 HR  Widowed Divorced Divor
5 /			Male White   Male 3/30/01   61
6	را ا ا		during most of working life, even if retired)  1 exeptione up
7 -	<u> </u>		Spec.Service Engineer Southwestern Bell Luray, Mo. USA 13a. FATHER'S NAME 114. NAME OF HUSBAND OR WIFE
	Follow	ŀ	Homer G. McDaniel Virginia Shackelford Juliet McDaniel
8 /	ν)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Through and
_	<u> </u>		(Yes, no, or unknown) (If yes, give war or dates of ser NO Mrs. Juliet. McDaniel 750 Laurel Oak Dr.
	ARE	Þ	18. CAUSE OF DEATH (Enter only one cause per lin PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
10	ا ا ا	ME	IMMEDIATE CAUSE (a) Route My a cracely of Fatarcofine 6 houses
11	RECORD AD OF	DOCUMENT	
12/1/		ă	Conditions, if any, and DUE TO (b) Consulty attribute sellieris
13	E S		above cause (a), stating the under-
	z		lying cause last.) Due (O(c)
/~ / /			disease condition given in PART I (a)
· • • • • • • • • • • • • • • • • • • •	≝III		Unknow
	AMENDMEN		19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
_	<u>ا ا ل</u> چ	1	
ע קֿ	₹[ ]		20c. TIME OF Hour Month, Day, Year INJURY e.m. p.m.
BLACK INK OR RITER RIBBON			20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
A S E			21. I attended the deceased from July, 1959, to 12/28/62 and last saw legalive on 12/27/62
B   K	D 2		Death occurred atm on the date stated above, and to the best of my knowledge, from the causes stated.
USE BLAC OR TYPEWRITER	SHOULD READ	P.	22a. SIGNATURE (Degree or title) 22b. ADDRESS (22c. DATE SIGNE
	동	VIT	Celon Strenner, MB FIII Delma 12/02/14
	o	DA/	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
	N V	AFFIDA	Cremation 12/27/62 CValhalla Crematory St. Louis County No.  24. FUNERAL DIRECTOR ADDRESS 25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE.
	ITEM	BY A	Louis H. Bopp, Inc. Kirkwood, Mo. DEC 27 1962 Found the Mith. M. D.
l i	[-]	1 1 1 1	Dod's Doppering. MITAWOOD, MG. V 1 MOAN AWAM, 11.V.

## STATEMENT BY LICENSED EMBALMER

by	, Student Embalmer No
rking under my personal supervision.	Jan Mila de
dentSignature of Student Embalmer	Signed

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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